

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2008-334-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Application of Upstate Storage Partners,  
LLC for Approval to Amend Tariff  
(Rate Increase) and to Amend Class E  
(Household Goods) Certificate of  
Public Convenience and Necessity's  
Scope of Authority

(Please type or print)

Submitted by: Rivers S. Stilwell

Address: Nelson Mullins Law Firm

P.O. Box 10084

Greenville SC 29603

Telephone: 864-250-2300

Fax: 864-232-2925

Other:

Email: rivers.stilwell@nelsonmullins.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Application - Class C Taxi   | <input checked="" type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)  |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit               |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request  |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Exhibit  |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                             |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter   |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                 |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                          |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                             |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                       |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                             |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                   |

FORM C-EF

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SOUTH CAROLINA 29210**  
**(Mailing address: Post Office Box 11649, Columbia, SC 29211)**

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG)DATE 2/11, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
 NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Upstate Storage Partners, LLC D/B/A - PODS

2. (a) Street Address of Applicant 129 Michelin Court

Piedmont, SC 29673

- (b) Mailing address, if different from street address

2970 Peachtree Road; Suite 621; Atlanta GA 30305

- (c) Telephone Number 864-236-0404 Fed. ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.  
 (b) If a corporation, names and addresses of two principal officers will be sufficient.

Edward McCrady; 1041 Peachtree Battle Ave; Atlanta GA 30327

Miles Ross; 490 Westover Drive, Atlanta, GA 30305

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".  
 (b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. \_\_\_\_\_
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)  
(a) Intrastate Only   X   (b) Interstate Only \_\_\_\_\_
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission before application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide intrastate transportation of household goods in another state? Yes \_\_\_\_\_ No   X   (Check one).  
*If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.*
11. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state?  
Yes \_\_\_\_\_ No   X   (Check one)  
*If yes, list dates and nature of convictions below.*  
\_\_\_\_\_
12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?  
Yes \_\_\_\_\_ No   X   (Check one).  
*If yes, list dates and reason for revocation below.*  
\_\_\_\_\_

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: December Year: 2008

<b>Assets:</b>	
Cash	35,036.81
Receivables	30,426.94
Real Estate	0.00
Buildings and Equipment-Net	0.00
Motor Vehicles-Net	0.00
Garage Equipment-Net	0.00
Machinery and Tools-Net	146,791.97
Supplies on Hand	2,047.77
Prepays and Other Assets	62,917.54
<b>Total Assets</b>	<b>277,220.53</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	37,759.13
Notes Payable	
Mortgages Payable	0.00
Equipment Obligations	0.00
Accrued Salaries and Wages	0.00
Other Accrued Obligations	0.00
Other Liabilities	107,371.56
<b>Total Liabilities</b>	<b>145,130.69</b>
Capital Stock	957,582.00
Retained Earnings	-864,977.28
<b>Total Equity</b>	<b>39,485.12</b>
<b>Total Liabilities and Equity</b>	<b>277,220.53</b>

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF \_\_\_\_\_

I, Miles Russ, Partner  
 (Name of Applicant's Representative) (Title)  
 of Upstate Storage Partners, the Applicant for the Certificate of Public Convenience and Necessity as  
 (Applicant)

set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Breenville, SC  
 This the 12th day of February, 2009  
L. Susan Ziegler  
 (Notary Public)

Commission Expires: 2/14/09

(Signature of Applicant's Representative)

CLASS E  
EXHIBIT A

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**POST OFFICE DRAWER 11649  
COLUMBIA, SC 29211**

Upstate Storage Partners LLC

(APPLICANT)

125 Michelin Court, Piedmont, SC 29673

(ADDRESS)

**Proposed Rates and Charges for Service**

**And Rules and Regulations Governing Same Are As Follows:**

N/A

CLASS E  
EXHIBIT C

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Post Office Drawer 11649  
Columbia, South Carolina 29211

Upstate Storage Partners, LLC  
(Name)

125 Michelin Court, Piedmont SC 29673  
(Address)

**Over Irregular Routes:**

**Commodities to be Transported:**

Household Goods, As Defined in R. 103-210(1):

**Area to be Served: (List counties in detail)**

New proposed service areas:

York, Newberry, McCormick, Greenwood, Abbeville

Date:

2/11/08

Upstate Storage Partners, LLC  
(Applicant)

By

Mike Russ  
Title

Partner

Rev. 12/03

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

### DESCRIPTION OF EQUIPMENT

[illegible]

- Seats if passenger carrier or tonnage if freight carrier.

Upstate Storage  
Partners, LLC

(Applicant)

Date: 21/04

Miles Russ  
(Applicant's Representative)

(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Upstate Storage Partners, LLC  
 (Name of Motor Carrier)  
125 Michelin Court ; Piedmont SC 29673  
 (Address of Motor Carrier)

<u>Amount of Premium:</u>	<u>Combined</u>	<u>Limits Quoted (See Below):</u>
Liability Insurance \$	\$16,394.11	Limits 1,000,000 per Occurrence
Cargo Insurance \$	\$16,394.11	Limits 50,000 per Occurrence

\* Attach Certificates of Insurance if available.

Ironwood Insurance Service  
 (Insurance Company Name)  
55 Ivan Allen Jr. Blvd ; Ste 810 ; Atlanta GA 30308  
 (Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2-11-09 William Underwood  
 Date (Authorized Insurance Company Representative)

\*Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). Transportation regulations are accessible on the ORS website ([www.regulatorystaff.sc.gov](http://www.regulatorystaff.sc.gov)). The schedule of minimum insurance limits for Household Goods carriers are listed below:

Vehicle Liability for vehicles less than 10,000 lbs. GVWR - \$500,000 per incident

Vehicle Liability for vehicles 10,000 lbs. or more GVWR - \$750,000 per incident

Cargo - For loss of or damage to property carried on any one motor vehicle - \$2,500

For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place - \$5,000

Rev 5/07



**EXHIBIT FWA**

Name: Upstate Storage Partners, LLC  
 Address: 125 Michelin Ct. Piedmont SC 29673  
 Telephone No. 864-236-0404 Fax No. 864-236-0405  
 U.S.D.O.T. No. 893800 ICC No. \_\_\_\_\_

- Does Applicant have a Safety Rating from the U.S.D.O.T.?
 

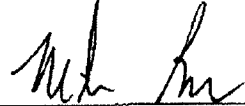
Yes X No \_\_\_\_\_ Pending \_\_\_\_\_ (Submit when received)  
 (If "yes", indicate rating and provide copy) Satisfactory ✓  
 Conditional \_\_\_\_\_  
 Unsatisfactory \_\_\_\_\_
- Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
 

Yes \_\_\_\_\_ No ✓
- Are there currently any outstanding judgement(s) against Applicant?
 

Yes \_\_\_\_\_ No ✓  
 (If "yes", indicate nature of judgement(s).)
- Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
 

Yes ✓ No \_\_\_\_\_
- Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
 

Yes ✓ No \_\_\_\_\_  
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
 (Applicant's Signature)

Sworn to before me

At Greenville SC  
 This 12th day of Feb, 2009  
L. Susan Ziegler  
 (Notary Public)  
 Commission Expires: 9/14/09

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Upstate Storage Partners, LLC  
(Applicant's name)

### SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

**EXEMPT APPLICANTS** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

### APPLICANT'S OATH

I, M. Russ, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

M. Russ

Signature of Applicant  
(Not Legal Representative)

Sworn to before me

at Greenville SC

this 12th day of Feb. 2009

L. Susan Reigher

Notary Public

Exp. 9/14/09